

Registrar's No. **1168**

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri, (b) County. Buchanan //

(c) City or town. Saint Joseph, /
(If outside city or town limits, write "RURAL")

(d) Street No. 2225 Seneca Street, >
(If rural, give location)

(e) Citizen of foreign country? Yes, (Yes or No)
If yes, name country Denmark. 0

20. DATE OF DEATH: Month December day 2nd
year 1941 hour 7:00 minute 50 a M

21. I hereby certify that I attended the deceased from April 9, 1941, to December 2, 1941,
that I last saw her red alive on December 2nd, 1941.

and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration: _____

Due to	Chronic Myo Carditis Norwegian 26 - 8 weeks 2/24, 1 day Arterio Sclerosis Facial erysipelas no Feb	
Due to	April 9 to April 19 - 1941	10 days

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(City or town) (County) (State)

While at work?..... (Specify type of place)..... (c) Means of injury.....

23. Signature Dr. John P. Messer (M. D. or other) M.
Address 1094788 1st Ave NW Date signed 12/3/11

(Licensed Embalmer's Statement on Reverse Side) ST JOSEPH

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OK. 2-3355

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 12-2-41
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed

Wm. E. Cunningham

Licensed Embalmer No. 8007

P. O. Address 519 S. 10 St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.